

216.535 Definitions for KRS 216.537 to 216.590 -- Disclosure requirements.

As used in KRS 216.537 to 216.590:

- (1) "Long-term care facilities" means those health care facilities in the Commonwealth which are defined by the Cabinet for Health and Family Services to be family care homes, personal care homes, intermediate care facilities, skilled nursing facilities, nursing facilities as defined in Pub. L. 100-203, nursing homes, and intermediate care facilities for the mentally retarded and developmentally disabled.
- (2) "Cabinet" means the Cabinet for Health and Family Services.
- (3) "Resident" means any person admitted to a long-term care facility as defined by this section.
- (4) "Licensee" in the case of a licensee who is an individual means the individual, and in the case of a licensee who is a corporation, partnership, or association means the corporation, partnership, or association.
- (5) "Secretary" means the secretary of the Cabinet for Health and Family Services.
- (6) "Long-term care ombudsman" means the person responsible for the operation of a long-term care ombudsman program which investigates and resolves complaints made by or on behalf of residents of long-term care facilities.
- (7) "Willful interference" means an intentional, knowing, or purposeful act or omission which hinders or impedes the lawful performance of the duties and responsibilities of the ombudsman as set forth in this chapter.
- (8) The following information shall be available upon request of the affected Medicaid recipient or responsible party:
 - (a) Business names, business addresses, and business telephone numbers of operators and administrators of the facility; and
 - (b) Business names, business addresses, and business telephone numbers of staff physicians and the directors of nursing.
- (9) The following information shall be provided to the nursing facility patient upon admission:
 - (a) Admission and discharge policies of the facility;
 - (b) Payment policies relevant to patients for all payor types; and
 - (c) Information developed and distributed to the nursing facility by the Department for Medicaid Services, including, but not limited to:
 1. Procedures for implementation of all peer review organizations' reviews and appeals processes;
 2. Eligibility criteria for the state's Medical Assistance Program, including circumstances when eligibility may be denied; and
 3. Names and telephone numbers for case managers and all state long term care ombudsmen.

Effective: June 20, 2005

History: Amended 2005 Ky. Acts ch. 99, sec. 485, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 205, sec. 2, effective July 15, 1998; and ch. 426, sec. 429,

effective July 15, 1998. -- Amended 1996 Ky. Acts ch. 371, sec. 63, effective July 15, 1996. -- Amended 1994 Ky. Acts ch. 512, sec. 90, effective July 15, 1994. -- Amended 1990 Ky. Acts ch. 235, sec. 1, effective July 13, 1990. -- Created 1982 Ky. Acts ch. 157, sec. 1, effective July 15, 1982.